

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 107421	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	1						51						
2	1						52						
3	2						53						
4	2						54						
5	2						55						
6	2						56						
7	1 4						57						
8	1 1						58						
9	1 0						59						
10	1 1						60						
11	1 0						61						
12	1 1						62						
13	1 0						63						
14	1 1						64						
15	2 0						65						
16	1 2						66						
17	0 0						67						
18	0 1						68						
19	0 0						69						
20	1 2						70						
21	2 2						71						
22	2 2						72						
23	1 0						73						
24	1 1						74						
25	2 0						75						
26	1 2						76						
27	0 0						77						
28	0 0						78						
29	0 0						79						
30	0 0						80						
31							81						
32							82						
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37							87						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.	33						TOTAL DEP.						
TOTAL CLAIMS	34						TOTAL CLAIMS						